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REDUCED CONCENTRATION OF ATTENTION IN HYPERTENSIVE DISEASES

Davronova Hilola Zavkiddinovna
Bukhara State Medical Institute Department of Neurology

Annotation: Vascular diseases of the brain due to their high prevalence and severe consequences for the health of the population represent the most important medical and social problem. It has been established that during the development and progression of hypertension at all structural and functional levels of the vascular system of the brain, a complex and diverse complex of primary destructive, secondary changes and adaptive processes is formed - hypertensive angiopathy of the brain. The aim of the study is to evaluate the concentration of attention in hypertensive crises and their prevention. Keywords: hypertensive crisis, dyscirculatory encephalopathy, neuropsychological testing, cognitive impairment, dementia.

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Relevance. Numerous large-scale studies have shown that arterial hypertension (AH) is the main risk factor for stroke. In addition, it plays a key role in the formation of chronic disorders of cerebral hemodynamics - hypertensive encephalopathy (GE) and vascular dementia. One of the conditions for the prevention of the development and progression of cerebrovascular pathology is adequate antihypertensive therapy (AHT). Thus, a detailed study of the state of cerebral hemodynamics, structural and functional changes of the heart and the criteria for the effectiveness of AGT in patients with GE remain the subject of research. The purpose of the study. To evaluate the concentration of attention at various stages of hypertensive diseases and their prevention. Materials and methods of the study: the prospective study included 80 patients diagnosed with arterial hypertension (AH) of average (34.1%; 44-59 years), elderly (63.8%; 60-74 years) and senile (12.1%; (75-90 years)) age about.

The results obtained and their discussion: 6.3% of patients with hypertension had a high normal degree according to TOAST criteria (AdamsH.P., 1993), there was atherosclerotic lesion of large cerebral arteries, grade 1 hypertension in 8.8% of patients, grade 2 hypertension was noted in 37.5% of patients, grade 3 hypertension was more two in 46.5% of patients (Table 1)

Distribution of patients according to the classification of degrees of hypertension

Degrees of arterial hypertension	**Arterial hypertension**	
	N	%
High normal	38	6,3
AG 1- degree	30	8,8
AG 2- degree	7	37,5
AG 3- degree	5	46,5
Total	80	100

In the neurological status of patients of the main groups, focal symptoms characteristic of vascular lesions in the cerebral artery were determined, which led to the formation of corresponding neurological changes.

Table 2 Comparison of the severity of neurological symptoms on the NIHSS scale at admission with various degrees of hypertension.

NIHSS on admission	High normal	AG1- degree	AG2-degree	AG 3-degree
Больные ГБ	13,9±0,7	15,2±0,2	15,1±0,2	8,1±0,1

The dynamics of NIHSS scores during treatment underwent significant changes, so the severity of neurological manifestations significantly decreased by 21 days of treatment in patients with hypertension. During the first 7 days of the disease, in most patients, in addition to focal neurological symptoms, asthenic symptoms occupied a significant place, which was most pronounced on the 1st-5th day of the disease. Patients complained of headache, tinnitus, dizziness, fatigue, general weakness, sleep disorder. The pathogenetic basis of cerebrogenic asthenia, most likely, were violations of compensatory and adaptive mechanisms and the energy balance of the brain caused by its structural damage, changes in cerebrospinal fluid and hemodynamics, aseptic inflammatory process.

Conclusion:

1) Cognitive impairment is one of the leading clinical syndromes developing after hypertension.
2) During hypertensive crises, mainly neurodynamic and dysregulatory cognitive disorders were observed.

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